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CONFIRMATION NO. 6579

SERIAL NUMBER 10/634,624	FILING DATE 08/05/2003  RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 003 29
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## APPLICANTS

Marshall S. Kriesel, St. Paul, MN;

\*\* CONTINUING DATA \*\*\*\*\*

no sp

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

no sp

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 28	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>SP</i> Initials				

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## TITLE

Infusion apparatus with modulated flow control

FILING FEE  RECEIVED 456	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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